PTO/SB/06 (08-03)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unterpresent APPLICATION FEE DETERMINATION RECORD								Application or Docket Number			
Substitute for Form PTO-875											
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR /	OTHER THAN SMALL ENTITY		
ANIMOSO EVIDA				-	RATE	FEE		RATE	FEE		
BASIC FEE							s	OR 1	, W	s	
TOTAL CLAIMS			minus 20 =	T			x \$.=		OR	x s=	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS			minus 20 =						OR	x \$=	
(37 CFR 1.16(b)) minus 3 =			<u>'</u>			× \$					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+5	
• If the	* If the difference in column 1 is less than zero, enter "0" in column 2.							L	OR	TOTAL	•
2	CLAIMS AS AMENDED - PART II								OR	OTHER THAN	
0	29/04	(Column 1)		(Column 2)	(Column 3)	1	SMALL	ENTITY	1	SMALL	ENTITY
MENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ᆝ띩	Total	. 8	Minus	- 20	•	-	X \$=		OR	× \$=	_1_
힣	(37 CFR 1.16(o)) Independent	· 7	Minus	" 1	•	١	x s=		OR	x \$=	
쀻	(37 CFR 1.16(b))		LL		2448/87	١			OR	+ \$ _ =	
	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	ALCTON (2) CE	R 1.10(a))	J	TOTAL	 	1	TOTAL	/
<u> </u>			·				ADD'L FEE		OR	ADD'L FEE	4
		(Column 1)		(Column 2) HIGHEST	(Column 3)	1			٦		T
AMENDMENT (CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(e))	•	Minus	••	•]	x \$=		OR	x \$=	
2	Independent (37 CFR 1.18(b))	•	Minus	***	•	1	x \$=		OR	x s=	
¥		ATION OF MULTIPL	E DEDENDE	NT CLAIM (37 C	FR 1.16(df)	1	+5		OR	+ 5 =	
	FIRST PRESENT	ATION OF MOETIFE	200-0100	, (c, s,		J	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Oakuma 4)		(Column 2)	(Column 3)						
6 5		(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	AMENDMENT	Minus	••	-	1	x \$=		OR	× s=	
g	(37 CFR 1.16(c)) Independent	•	Minus	***	•	1	x s=		OR	x s=	
₩	(37 CFR 1.18(6)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					1	+ 5 =		OR	+ \$=	
\vdash	FIRST PRESENTATION OF MOLTIFLE DEPENDENT COMM. (C. S. T. 1. 1. 1. 1.					لـ	TOTAL		OR	TOTAL ADD'L FEE	
-	e If the entry in a	column 1 is less th	an the entr	y in column 2, w	rite "0" in colum	n 3	ADD'L FEE	L	_ ∵`		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. 											
	it the Lighest	Lumbaa Dendenske	Paul For	Total or Indepen	dent) is the hig	hes	t number found	in the approp	riate box in	column 1.	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, use the user of the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information of PATENT APPLICATION FEE DETERMINATION RECORD									Application	or Docket Num	200
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CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	NTITY	OR	OTHER SMALL E	THAN NTITY
AH IMPER EYTRA				ſ	RATE	FEE		RATE	FEE		
FOR NUMBER FILED BASIC FEE			THOMBE		Ì		\$	OR	,v	s	
(37 CFR 1.16(a))				1		ł	x s =		OR	x \$=	
(37 CFR 1.16(c))			ninus 20 =			ŀ	× \$				
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3			minus 3 =	• •			× \$		OR	× 5	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+5=	
• If th	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	•
	CLAIMS AS AMENDED - PART II								OR	OTHER	THAN
2	18103	(Column 1)		(Column 2)	(Column 3)		SMALL	ENTITY	7	SMALL	NTITY
6		CLAIMS REMAINING AFTER	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT	(37 CFR 1.18(b))	<u> </u>		<u> </u>	l	ŀ	^•		OR		7
A	FIRST PRESENT	ATION OF MULTIPLE	DEPENDENT	CLAIM (37 CF	R 1.16(d))	,	+s=	 	1	TOTAL	
							ADD'L FEE	<u></u>	OR	ADD'L FEE	
lol.	24/13	(Column 1)		(Column 2)	(Column 3)				-		
O L	11/1/0	CLAIMS REMAINING AFTER	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
É	Total	AMENDMENT .	Minus	2/1	•	1	x s=		OR	x s=	
Į	(37 CFR 1.18(c))	· 	Minus *	<u> </u>	- 7	ĺ			OR	x \$84.	84,00
AMENDMENT	(37 CFR 1.16(b))	L_/		<u> </u>		1	<u> </u>	1	┨ ```		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					j	TOTAL	 	OR	+ s =	2//10
	Ti						ADD'L FEE		OR	ADD'L FEE	04.00
1/	411/03	(Column 1)		(Column 2)	(Column 3)	_			٦		
0	THE STATE OF THE S	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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5	(37 CFR 1.16(c))	1. A	Minus	~~ //	•	f		+		x s=	1 7
MENDMENT	(37 CFR 1.16(b))	1/				+	× s=	 	OR		1
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					ز	+s =		OR	+ s =	 / -
If the entry in column 1 is less than the entry in column 2, write "0" in column							ADD'L FEE		OR	ADD'L FEE	
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1	"" If the "Highest	Number Previous	y Paid For I	N THIS SPACE	E is less than 3, adent) is the high	en hes	ier "3". t number found	in the approp	riate box in	column 1.	